

Clear Form

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

10
11 CORNELL WELLS, JR. Plaintiff, }
12 vs. } CASE NO. 3:21-cv-01279
13 NATIONAL BOARD OF MEDICAL EXAMINERS, ET AL. Defendant.
14
15

16 I, Cornell Wells, declare, under penalty of perjury that I am the plaintiff
17 in the above entitled case and that the information I offer throughout this application is true and
18 correct. I offer this application in support of my request to proceed without being required to
19 prepay the full amount of fees, costs or give security. I state that because of my poverty I am
20 unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

21 In support of this application, I provide the following information:

22 | 1. Are you presently employed? Yes No

23 If your answer is "yes," state both your gross and net salary or wages per month, and give the
24 name and address of your employer:

25 | Gross: \$ 1,000 Net: (1099 employment)

26 Employer: A&S Assurance

28 If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 _____
3 _____
4 _____

5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

- 7 a. Business, Profession or Yes No _____
8 self employment?
- 9 b. Income from stocks, bonds, Yes _____ No
10 or royalties?
- 11 c. Rent payments? Yes _____ No
- 12 d. Pensions, annuities, or Yes _____ No
13 life insurance payments?
- 14 e. Federal or State welfare payments, Yes _____ No
15 Social Security or other govern-
16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19 Independent contractor, licensed life insurance agent
20 \$1000/mo, commission only based employment

21 3. Are you married? Yes _____ No

22 Spouse's Full Name: N/A

23 Spouse's Place of Employment: N/A

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ N/A Net \$ N/A

- 26 4. a. List amount you contribute to your spouse's support: \$ N/A
27 b. List the persons other than your spouse who are dependent upon you for support
28 and indicate how much you contribute toward their support. (NOTE: For minor

1 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)
2 _____
3 _____

- 4 5. Do you own or are you buying a home? Yes No _____
5 Estimated Market Value: \$ _____ Amount of Mortgage: \$ 5400
6 6. Do you own an automobile? Yes No _____
7 Make Prius Year 2013 Model _____
8 Is it financed? Yes _____ No If so, Total due: \$ _____
9 Monthly Payment: \$ 0
10 7. Do you have a bank account? Yes No _____ (Do not include account numbers.)
11 Name(s) and address(es) of bank: Chase checking
12 _____
13 Present balance(s): \$ 600
14 Do you own any cash? Yes _____ No Amount: \$ _____
15 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
16 market value.) Yes _____ No
17 _____
18 8. What are your monthly expenses?
19 Rent: \$ 5400 Utilities: 600
20 Food: \$ 600 Clothing: 0
21 Charge Accounts:
22 Name of Account Monthly Payment Total Owed on This Account
23 Chase cc \$ 100 \$ 4000
24 Best Buy cc \$ _____ \$ 4000
25 Affirm \$ 212 \$ *3
26 9. Do you have any other debts? (List current obligations, indicating amounts and to whom
27 they are payable. Do not include account numbers.)
28 Avant \$4000, lightstream, Wayfair \$1000

1 Houzz \$1000

2 10. Does the complaint which you are seeking to file raise claims that have been presented in
3 other lawsuits? Yes No X

4 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5 which they were filed.

6 _____

7 _____

8 I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9 false statement herein may result in the dismissal of my claims.

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12

DATE

SIGNATURE OF APPLICANT

Lowell Kest

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